

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000108200

Entity Name: OMEGA MEDICAL IMAGING, LLC

Current Principal Place of Business:

675 HICKMAN CIRCLE
SANFORD, FL 32771

Current Mailing Address:

675 HICKMAN CIRCLE
SANFORD, FL 32771

FEI Number: 27-3694578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VENTURE MANAGEMENT GROUP, INC
445 WEST DRIVE
SUITE 104
MELBOURNE, FL 32904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VENTURE MANAGEMENT GROUP INC
Address 445 WEST DRIVE SUITE 104
City-State-Zip: MELBOURNE FL 32904

Title MGRM
Name FLEMING, BRIAN
Address 3328 OAKMONT TERRACE
City-State-Zip: LONGWOOD FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY BROWN

CFO

01/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date